



**CHILDREN'S HEALTH INSURANCE (CHIP)
EXTENDED PLAN**

**EXTENDED MENTAL HEALTH BENEFITS FOR CHILDREN
WITH A SERIOUS EMOTIONAL DISTURBANCE (SED)**

Benefits available March 1, 2006
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**MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
HEALTH RESOURCES DIVISION / HEALTH CARE RESOURCES BUREAU**



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**EXTENDED MENTAL HEALTH BENEFITS
AVAILABLE TO CHIP-ENROLLED CHILDREN
WHO HAVE A SERIOUS EMOTIONAL DISTURBANCE (SED)**

Program Name: Children's Health Insurance Plan (CHIP)
ARM 37.79

Responsible Agency: Health Care Resources Bureau, Health Resources Division
Montana Department of Public Health and Human Services

Funding Source: State Funds with Federal match

Program Characteristics

- CHIP is not an entitlement program
- CHIP Extended Plan mental health services are capped services
- Families are not responsible for any co-payments under the CHIP Extended Plan for Mental Health Benefits.
- The benefit year begins October 1st of each year and ends the following September 30th
- Benefits are limited to youth enrolled in CHIP who have been determined by DPHHS staff to have a serious emotional disturbance (SED).
- CHIP Extended Plan service delivery is expected to be coordinated between the mental health professional working with the SED child and the child's family
- All services must be medically necessary
- Services to the eligible youth's family must be directly related to the mental health treatment needs of the youth.
- Funds for these services must be directed at family stabilization or reunification
- These services are not offered through the medical benefits provider (currently Blue Cross, Blue Shield of Montana). Billing claims are submitted to ACS. In order to be compensated for the provision of these additional mental health services, the provider must be enrolled as a Medicaid provider. Payment amount for services will conform to the most recent "Medicaid Mental Health and Mental Health Services Plan Fee Schedule."
- CHIP will not be responsible for payment for services exceeding the CHIP limits.

Eligibility

- Youth must be currently enrolled in CHIP
- Youth must be determined by the department to meet the definition of a youth with serious emotional disturbance (SED) (ARM 37.86.3702(2))
- These additional CHIP mental health benefits are available to the enrollee only after the limitations for the same services under the CHIP Basic Plan have been reached or when the necessary services are not covered benefits under the CHIP Basic Plan. The services that are the same under both CHIP Basic Plan and CHIP Extended Plan include: Individual and Family Psychotherapy visits, Therapeutic Group Home; and in some very limited, pre-authorized instances, therapeutic family care.

Providers must be Medicaid providers. Billing claims are submitted to Affiliated Computer Systems (ACS).

Definitions

ACS: Affiliated Computer Systems. The State of Montana, DPHHS, currently contracts with ACS to process Medicaid claims and CHIP claims. ACS is located at 34 N. Last Chance Gulch, Suite 200, Helena, MT 59601. Their billing address is; Claims Processing Unit, P O Box 8000, Helena, MT 59624. Phone: (406) 449-7693; Secure fax for claim submittal is: fax (406) 442-4402

Benefit year: the period of time beginning October 1st of each year and ending the following September 30th.

CHIP: Children's Health Insurance Plan as described in ARM 37.79 and administered by the Department of Public Health and Human Services (DPHHS) under Title XXI of the Social Security Act.

Clinical Assessment: a psychological assessment with DSM-IV diagnosis and a social history completed by a licensed psychologist, social worker, or professional counselor and submitted on the provider's letterhead. Clinical assessments include the following details: diagnosis supported by a rationale and specific behaviors; presenting problem; history of problem; psychiatric history (interventions, responses, medications); social and educational history; and risk factors.

Community based psychiatric rehabilitation and support (CBPRS): services provided in home, school, and community settings for youth with serious emotional disturbance. Services are provided by trained mental health personnel under the direction of and according to individualized treatment plans prepared by licensed professionals. The services are provided outside of normal clinical or mental health program settings and are designed to assist individuals in developing the skills, behaviors, and emotional stability necessary to live successfully in the community.

Note: CHIP does not reimburse services provided by school based health providers. However, the CHIP benefit may reimburse services provided in schools by those providers who have their own Medicaid or CHIP provider number.

Day Treatment: a program which provides an integrated set of mental health, education and family intervention services to youth with severe emotional disturbance.

Enrollee: an individual eligible to receive CHIP benefits as determined by the department and currently enrolled in CHIP.

Family Psychotherapy: insight oriented, behavior modifying and/or supportive therapy, face to face with the family in an office or outpatient facility. Therapy session may be with or without the youth present, but must be directly related to the mental health treatment needs of the youth.

Individual Psychotherapy: insight oriented, behavior modifying and/or supportive therapy, face to face with the individual in an office or outpatient facility

Medically necessary service: services and supplies which are necessary and appropriate for the diagnosis, prevention or treatment of physical or mental conditions and that are not provided only as a convenience.

Outpatient service: individual, family, and group psychotherapy provided outside of a hospital, Residential Treatment Center, or other inpatient setting by licensed mental health professionals.

Respite Care: relief services that allow family members, who are regular care givers for a youth with serious emotional disturbance, to be relieved of their care giver responsibilities for a temporary, short term period.

Serious Emotional Disturbance (SED): a designation determined by trained DPHHS staff and based on social history and clinical information in the form of a psychological assessment with DMS-IV diagnosis (completed by a licensed psychologist, social worker, or professional counselor) that a youth is seriously emotionally disturbed according to definition set forth in ARM 37.86.3702(2).

Therapeutic Family Care (moderate level): an array of services delivered in a patient's natural or adoptive home. Services include individual, family and group therapies, therapeutic aide services, and additional training for families. Service is provided by trained mental health personnel.

Therapeutic Group Home: a supported living environment provided under a group home endorsed mental health center license and providing independent living and social skills development services.

Youth: a person residing in the State of Montana who is less than 19 years of age. CHIP coverage for a child will continue through the end of the month of the child's 19th birthday.

Eligibility Renewal

- Eligibility for CHIP must be re-determined every 12 months. Applicants must complete and submit a renewal application every 12 months.
- A determination of "serious emotional disturbance" (SED) must be updated annually to coincide with the CHIP family span. The clinical assessment used in the determination of SED is considered valid for 6 months from the date of assessment. No SED re-determination will be necessary if the current assessment is valid on the date of receipt of the CHIP renewal application by CHIP. However, if the date of the clinical assessment is greater than 6-months prior to the date of receipt of the renewal application, a new clinical assessment will be required to obtain the necessary SED re-determination.

For example:

- 1) The family span for CHIP enrollment is July 1 through June 30. The clinical assessment was completed on September 15 and is valid until March 15 (6 months). When the CHIP renewal application is received in July, a new clinical assessment and SED determination must be completed to coincide with the new family span.
- 2) The family span for CHIP enrollment is July 1 through June 30. The clinical assessment was completed on April 2 and is valid until October 2 (6 months). When the CHIP renewal application is received in July, a new clinical assessment and SED determination is not required. SED determination will continue through the next year's CHIP family span.

CHIP Mental Health Benefits

All services must be medically necessary

Mental Health Benefit	CHIP Basic Plan Mental Health Benefits Services per Benefit Year¹ (Payments through BCBSMT)	CHIP Extended Plan² Mental Health Benefits Services per Benefit Year (Payments through ACS)	CHIP Extended Plan PROCEDURE CODES
Pharmacy	Covered	-----	-----
Inpatient Hospitalization Partial Hospitalization ³ Residential Treatment Center	Covered 21 days per benefit year (or 42 partial days per benefit year)	No Additional Benefit	-----
Therapeutic Group Home (includes room & board)	Covered Counts towards the 21 days 'inpatient hospitalization'	Covered Additional 30 days	S 5145 With or Without Modifiers TG or TF
Therapeutic Family Care (moderate level – in child's home)	Not Covered Some limited exceptions apply	Covered 30 days	S 5145 With Modifier HR
Day Treatment	Not Covered	Covered 120 hours	H 2012 With Modifier HA
CBPRS Community Based Psychiatric Rehabilitation and Support	Not Covered	Covered 120 hours	H 2019
Psychotherapy Office Visits Individual and/or Family	Covered 20 visits Maximum of four visits may be for the family without the child	Covered Additional 30 individual and/or family office visits ⁴	90801 90802 90804 90806 90810 90812 90846 90847
Respite Care	Not Covered	Covered 144 hours	S 5150 With Modifier HA
SED Clinical Assessment	Counts as one of the 20 individual psychotherapy office visits if limit isn't reached.	Counts as one of the 30 additional visits. A maximum of 2 assessments per benefit year are reimbursed, even if the youth is not determined to have SED ⁵	90801 90802

NOTE: Under the CHIP Basic Plan, no limit is placed on CHIP insurance benefits for mental health services for children with the following diagnoses: schizophrenia, schizoaffective disorder, bipolar disorder, major depression, panic disorder, obsessive-compulsive disorder, and autism. Extended Plan limits apply to all children regardless of diagnosis.

QUESTIONS? Call CHIP Family Health Line @ 1-877-543-7669 (toll-free). In Helena, call 444-6971.

¹ Benefit Year is October 1 through September 30

² Extended Plan provides **additional** mental health benefits, as listed in this table, for CHIP-enrolled children with a serious emotional disturbance (SED), who complete the SED approval process through CHIP.

³ Use of partial hospitalization applies to inpatient hospital limit at the rate of two partial hospital days for one inpatient hospital day.

⁴ The combined total of individual and/or family visits is limited to a total of 30 visits.

⁵ CHIP staff prior approval is necessary to exceed limit of 2 assessments per benefit year.

Mental Health Benefits Covered Under CHIP Basic Plan

- Inpatient mental health services up to 21 days per benefit year. Partial hospitalization services may be exchanged for inpatient days at a rate of two partial treatment days for one inpatient day. Therapeutic Group Home service (including room and board) counts towards the allowable 21 days per benefit year.
- Therapeutic Family Care on a very limited basis and only with pre-authorization by BlueCHIP
- Individual and Family Therapy - professional outpatient services up to a maximum of 20 visits per year, of which four visits may be for the family without the child.
- Pharmacy services
- CHIP enrollees with the following disorders are not subject to a limit on covered mental health benefits provided by CHIP: schizophrenia, schizoaffective disorder, bipolar disorder, major depression, panic disorder, obsessive-compulsive disorder, and autism.

Note: Basic Plan Services are payable through the CHIP Insurance Contractor (currently Blue Cross Blue Shield of Montana/BCBSMT).

Mental Health Benefits Covered Under CHIP Extended Plan for Youth with a Serious Emotional Disturbance (SED) –

The following CHIP Extended Plan services are available only if the service is not covered under the CHIP Basic Plan or if the limits of the service covered by the CHIP Basic Plan are reached and additional services are medically necessary:

- Clinical Assessment as required for the determination of SED – limited to 2 per benefit year.
Note: When billing ACS for a clinical assessment necessary for a determination of SED, one of the following CPT procedure codes must be used: 90801 or 90802. If the CHIP-enrolled youth has fully utilized the CHIP Basic Plan benefit, the clinical assessment claim will be reimbursed even if Department staff determines the youth does not meet the definition of SED. Under these circumstances, a maximum of 2 assessments will be reimbursed during a benefit year.
- Therapeutic Group Home Care (including room and board) – up to 30 days per benefit year.
- Therapeutic Family Care (moderate level) provided in child's home – up to 30 days per benefit year.
- Individual or Family Therapy, professional outpatient services for individual and/or family - up to a total maximum of 30 additional visits per benefit year.
- Day treatment – up to a maximum of 120 hours per benefit year
- Community Based Psychiatric Rehabilitation and Support services– up to a maximum of 120 hours per benefit year
- Respite care – up to a maximum of 144 hours per benefit year

Services that will not be reimbursed simultaneously for the same youth on the same date of service are limited to the following: therapeutic group home and respite care; and therapeutic group home and therapeutic family care.

See Appendix B for services excluded from simultaneous reimbursement. The services matrix can be found at <http://www.dphhs.mt.gov/mentalhealth/children>

Note: Families are not responsible for any co-payments under the CHIP Extended Plan for Mental Health Benefits. Extended Plan Services are payable through ACS. See “Billing and Payment for Extended CHIP Mental Health Services.”

Benefits Not Covered

- Comprehensive School & Community Treatment (CSCT)
 - CHIP Extended Plan mental health services are billed by mental health centers utilizing their established Medicaid provider number. The extended services may be provided in a school based setting; however, these are not billable by school-based providers under a CSCT procedure code.
- Case management
 - The intent is that CHIP Extended Plan service delivery is coordinated between the mental health professional working with the SED child and the child’s family.

How To Access CHIP Extended Plan Benefits

To be eligible for CHIP’s Extended Plan mental health benefits, two conditions must be met: the CHIP-enrolled youth must be determined to be seriously emotionally disturbed (SED) pursuant to the SED definition set forth in ARM 37.86.3702(2); and similar mental health benefits covered under the CHIP Basic health plan must first be fully utilized under the CHIP Basic Plan.

To obtain the SED determination:

1. Current clinical information in the form of a psychological assessment with DSM-IV diagnosis (completed by a licensed psychologist, social worker, professional counselor), and social history is forwarded to the CHIP office. “Current” means completed or updated within the past 6 months. Department staff will determine if the youth meets the criteria for serious emotional disturbance pursuant to the SED definition set forth in ARM 37.86.3702(2).

Note: When billing ACS for a clinical assessment necessary for a determination of SED, one of the following procedure codes must be used: 90801, 90802. If the CHIP-enrolled youth has fully utilized the CHIP Basic Plan benefit, the clinical assessment claim will be reimbursed even if Department staff determines the youth does not meet the definition of SED. Under these circumstances, a maximum of 2 assessments will be reimbursed during a benefit year. *If more than 2 assessments occur during a benefit year, prior approval is needed in order for the provider to be reimbursed.*

2. Written response containing the Department's decision will be sent to the applicant within 10 workdays of receiving the current psychological information set forth above. If the information is incomplete or is not current, the Department will request additional information. The time for completion of the determination will be suspended until adequate information is received. The request for additional information will be in writing and will set forth a date by which the information is to be provided.
3. The request for SED determination will be denied if the youth does not meet the SED definition. When additional or updated information is requested and not received by the date specified, the SED determination will be denied for lack of timeliness. The applicant can request an extension of the time line to respond for good cause. The request must be in writing and the extended time period agreed to by department staff. Request for additional time is limited to one extension request.

Note: Any delay in providing requested information related to a successful SED determination may cause a delay in the child's receipt of CHIP Extended Plan benefits. CHIP Extended Plan benefits do not begin until the first of the month following the SED determination.

4. When the youth meets the eligibility for CHIP Extended Plan mental health benefits, but the funding cap for CHIP Extended Plan mental health services is reached, the applicant is placed on a waiting list based upon a first come, first served basis. If funding becomes available, the applicant is moved from the CHIP Extended Plan waiting list. The applicant is notified in writing of the status change. This waiting list is separate from the CHIP enrollment waiting list.
5. If a CHIP-enrolled child is determined to have SED, the effective date for CHIP Extended Plan benefits is the first of the month following the Department's determination of SED. Eligibility is not retroactive.
 - a) CHIP eligibility must be re-determined every 12 months from the date of eligibility. Applicants must complete and submit a renewal application every 12 months.
 - b) A determination of "serious emotional disturbance" (SED) must be updated annually to coincide with the CHIP family span. See the section on "Eligibility Renewal" for more detailed information.

Submit psychiatric clinical assessments to:

CHIP
Attn: SED Specialist
P O Box 202951
Helena, MT 59620

or fax to 1-877-418-4533, for review. If you have further questions, please call 1-877-543-7669. In Helena, call 444-6971.

Appeals

If an applicant disagrees with the SED determination, the applicant may request reconsideration from the Department. A new clinical assessment may be submitted anytime the applicant's condition changes. If the applicant is then found eligible, the effective date will be the first of the month following SED determination. A maximum of 2 assessments will be reimbursed during a benefit year. If more than 2 assessments occur during a benefit year, prior approval is needed in order for the provider to be reimbursed.

Billing and Payment for CHIP Extended Plan Mental Health Services

Payment amount for services will conform to the most recent "Medicaid Mental Health and Mental Health Services Plan, Fee Schedule." This schedule can be found at: <http://www.dphhs.mt.gov/mentalhealth/children> (see Appendix A for a sample fee schedule). Families are not responsible for any co-payments under the CHIP Extended Plan for Mental Health Benefits.

Invoices for payment for additional CHIP Extended Plan mental health services as described in this manual are submitted to:

Affiliated Computer Systems (ACS)
Claims Processing Unit
P O Box 8000
Helena, MT 59624
fax (406) 442-4402

Claims are processed through the MMIS payment system.

- ACS will be notified of all eligible CHIP youth with a determination of SED. If Blue Cross Blue Shield denies payment for services under the CHIP plan due to plan limits having been reached, documentation of the denial should be attached to the Medicaid claim form, HCFA 1500 or UB92, which is submitted to ACS for payment. The provider's Medicaid provider number is entered either on the HCFA 1500 or the UB92 when billing ACS.
- The only services that are the same under both the CHIP Basic Plan and the CHIP Extended Plan are: Therapeutic Group Home and Individual and Family Psychotherapy (outpatient visits). The CHIP provider must also be enrolled as a Medicaid provider in order to receive payment for services provided under the Extended Plan. To be reimbursed for services covered only under the Extended Plan; providers need only be enrolled as a Medicaid provider.

Note: When billing ACS for a clinical assessment necessary for a determination of SED, one of the following procedure codes must be used: 90801 or 90802. If the CHIP-enrolled youth has fully utilized the CHIP Basic Plan benefit, the clinical assessment

claim will be reimbursed even if Department staff determines the youth does not meet the definition of SED. Under these circumstances, a maximum of 2 assessments will be reimbursed during a benefit year. If more than 2 assessments occur during a benefit year, prior approval is needed in order for the provider to be reimbursed.

In order for the mental health provider to be paid for the SED clinical assessment, the child **MUST BE** currently enrolled in CHIP at the time of the SED assessment.